We will then re-audit the data before and after feedback cycles to monitor for any reduction in prescribing errors.

G150(P) FORWARD THINKING: SEEKING ALTERNATIVES TO BLEEPS

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Introduction 'Bleep' systems are a central communication tool between medical and nursing teams in hospital. The majority of bleeps are for non-urgent tasks, this inefficient use of the bleep system leads to routine tasks take longer to complete and disruption of patient care. The Health and Social Care Secretary ordered pagers for non-emergency communications be removed from the NHS by 2021.

Objective Reduction in the number of bleeps for non-urgent tasks in a tertiary paediatric hospital.

Methods A multi-professional working group was established and developed a standard operating procedure (SOP) for bleeping including a 'traffic light' system with non-urgent tasks (completion within 1–4hrs) categorized as green. A job book with designated time slots for medical visits to each ward was introduced. A number of PDSAs (Plan, Do, Study, Act) cycles were completed using the job books but were ultimately unsuccessful. Therefore, a new direction using an electronic solution was explored. The FORWARD app (a secure messaging platform) was chosen to be piloted on two wards. Baton phones pre-installed with FORWARD were given to the medical and nursing teams alongside training. Communication via the platform was limited to non-urgent tasks and urgent tasks remained via the bleep system.

Results Telecommunications records from two weeks either side of implementation of FORWARD app demonstrated a significant reduction in the number of bleeps, the median decreasing from 21 to 12 (run chart available). The feedback was positive, and the nurses reported doctors responded more quickly on FORWARD. The main challenge was inconsistent wireless internet connection, affecting acknowledgment of tasks.

Conclusion This project has shown that a novel, secure messaging platform can effectively reduce the number of non-urgent bleeps. This requires an appropriate induction to the platform, a SOP on the use of the platform/bleeps and adequate IT infrastructure to ensure reliability and safety. This trial has also highlighted the importance of careful consideration of the governance implications when using patient identifiable data which is a clinical governance requirement for patient safety. Collaboration with the trust digital informatics and information governance team has led to the development of acceptable user policies to guide this.

G151(P) IMPROVING NUTRITIONAL INTAKE IN EXTREMELY PRETERM INFANTS IN WEEK ONE

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Aim Optimised early nutrition in extremely preterm infants is associated with improved developmental outcome, but the delivery of parenteral nutrition (PN) must often be balanced against the need for multiple drug infusions.

A 2012 audit demonstrated that our unit was not reaching targets for energy and protein intake in the first week of life in infants <28 weeks gestation. We aimed to improve in line with national guidelines by making changes to PN.

Methods New PN was formulated by a multi-disciplinary team including specialist dietitians and pharmacists. This was concentrated to run at maximum 100 ml/kg/d, with lipid at 20 ml/kg/d, allowing drug infusions to take a larger proportion of the fluid requirement without titrating from PN volume. Additionally, a higher threshold for stopping lipids was agreed (serum triglyceride levels ≥ 4 mmol/L).

25 inborn babies born at <28 weeks from May 2018 to May 2019 were included (6 were excluded due to death or incomplete notes). Notes were reviewed retrospectively, and delivery of PN, lipid, feeds and dextrose infusions were recorded for the first 7 days. Total calorie and protein intake were then calculated.

Results Energy intake increased compared to 2012, with a mean additional 10.2 kcal/kg/d on day 1, and 23.36 kcal/kg/d on day 7, which is closer to recommendations (table 1).

Abstract G151(P) Table 1 Calorie intake (kcal/kg/d)

Day	1	2	3	4	5	6	7
2019	46.73	64.09	77.32	86.06	90.68	93	97.48
2012	36.51	52	61.79	66.08	70.72	74.48	74.12
Recommended (BAPM 2016)	60–80	80–	80–	100–	100–	100–	100–
		100	100	120	120	120	120

Protein intake was also higher, and was within the recommended range from day 3 (table 2).

Abstract G151(P) Table 2 Protein intake (g/kg/d)

Day	1	2	3	4	5	6	7
2019	1.81	2.48	2.9	3.25	3.43	3.46	3.5
2012	1.48	2.03	2.42	2.56	2.84	2.92	2.84
Recommended	2–2.5	2.7–	2.7–	2.7–	2.7–	2.7–	2.7–
(BAPM 2016)		3.5	3.5	4.0	4.0	4.0	4.0

Conclusion Use of a more concentrated PN solution alongside higher thresholds for stopping lipid infusions has resulted in greater early energy and protein intakes in infants <28 weeks in our unit.

G152(P) A QUALITY IMPROVEMENT PROJECT FOR MANAGEMENT OF WELL BABIES WITH JAUNDICE IN A DISTRICT GENERAL HOSPITAL

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